

## Request for Incomplete Grade

Please submit this form to your instructor prior to last day of the session/semester.

*(Please print clearly in ink)*

Student's Name: \_\_\_\_\_

ID: \_\_\_\_\_

Semester (check one):  Fall  Winter  Spring/Summer

Course Code: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

I understand that 70% of my course work must be completed in order for this request to be considered. I am requesting an Incomplete for this course due to the following extenuating circumstances. (Please attach any supporting documentation.)

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Student Notes:

- An "I" grade does not yet reflect credit in the course. If a course with an "I" grade is a prerequisite for another course, that other course may not be taken until the "I" grade has been changed to reflect a passing grade
- If required work is not submitted by the date below\*, the "I" will be changed to an "F". You will be notified of the new grade

Approved

Denied

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Work to be Completed/Comments: \_\_\_\_\_

Your coursework must be completed by : \* \_\_\_\_\_

**\*Maximum of 30 business days after the end of the session or semester in which the Incomplete was granted.**

Associate Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Academic Operations Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Director of Academic Operations:** Please scan and e-mail to [academicoperations@davenport.edu](mailto:academicoperations@davenport.edu)